

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211504029

1.) CORPORATION NAME:

**FOUNDATION FOR MANAGEMENT EDUCATION IN
CENTRALAMERICA**

DUE DATE: **2/28/2011**

SCC ID NO: **03351731**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
GEORGE WILLIS LOGAN
10 LINK EVANS RD
EARLYSVILLE, VA 22936**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BOX 639

CITY/ST/ZIP: GLEN ECHO, MD 20812-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GEORGE W LOGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 99		
CITY/ST/ZIP/CO:	EARLYSVILLE, VA 22936-		
NAME:	FEDERICO SACASA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2915 O ST. NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-		
NAME:	LARRY H. SLESINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DEP S/T		
ADDRESS:	BOX 639		
CITY/ST/ZIP/CO:	GLEN ECHO, MD 20812-		
NAME:	FRANCISCO DE SOLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VIPSAL 752		
CITY/ST/ZIP/CO:	PO BOX 525 364 MIAMI, FL 33152-		
NAME:	JACKSON B GILBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ESPIRITO SANTO BANK 1395 BRICKELL AVE, 5TH		
CITY/ST/ZIP/CO:	MIAMI, FL 33131-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE CAMPBELL TREASURER 1821 EDGEWOOD LANE CHARLOTTESVILLE, VA 22903-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WILLIAMS DIRECTOR HOGAN LOVELL 555 13TH STREET NW WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN KAUFMAN PURCELL DIRECTOR 317 JENKINS BLDG 5250 UNIVERSITY DR CORAL GABLES, FL 33146-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICTOR BALESTRA DIRECTOR ESPIRITO SANTO 1395 BRICKELL AVE MIAMI, FL 33131-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTURO CONDO DIRECTOR INCAE, RECTORIA 1358 BOX 025216 MIAMI, FL 33102-5216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIZIO BIONDI-MORRA DIRECTOR SJO 3785, PO BOX 025216 1601 NW 97TH AVE MIAMI, FL 33152-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERTO ARTAVIA DIRECTOR INCAE, RECTORIA 1358 BOX 025216, 1601 NW 97TH AVE MIAMI, FL 33102-5216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LARRY H. SLESINGER		LARRY H. SLESINGER, DEP S/T	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			